

United States District Court
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

Case Number: 1:23CR00078-TWP-MJD

ERIK HANSON,

Defendant.

SENTENCING MEMORANDUM OF ERIK HANSON

Comes now the Defendant, Erik Hanson, by his attorney James H. Voyles and sentencing consultant Dr. Kathleen M. Schaefer and submits the following Sentencing Memorandum with attached letters of support for the Court's consideration at sentencing.

Offense(s):

Count 1.

- Sexual Exploitation of a Child / Conspiracy to Commit Sexual Exploitation
18 U.S.C. § 2251(a) and (e)
punishable by a maximum of 30 years to life imprisonment/\$250,000.00 fine, minimum term is 15 years of imprisonment and 5 years' supervised release.

Count 2.

- Transportation of Child Pornography
18 U.S.C. § 2252 A(a)(1)
punishable by a term of 20 years of imprisonment/\$250,000.00 fine and lifetime supervision, minimum sentence 5 years and 5 years' supervised release.

Erik Hanson is before this Honorable Court having pled guilty May 26, 2023, to the above charges. This report is offered in conjunction with the presentence investigation report and advisory guidelines, in hopes that it will assist the Court in determining a sentence which is "sufficient but not greater than necessary" for Erik Hanson. Two lengthy interviews were held with Erik Hanson to gather information. Other direct and collateral contacts were completed; including a review of the case and client records provided by Mr. Voyles and contacts with family members. This report is not meant to excuse the seriousness of the offenses for which Erik Hanson has pled; rather, it is

an attempt to provide the Court with additional information that might assist it in arriving at its sentence.

What follows is a brief synopsis of Mr. Hanson's personal history and characteristics as well as research and relevant psychological findings that will hopefully be of interest to this Honorable Court.

Factors offered for the Court's review and consideration in sentencing Mr. Hanson *are*:

- His Personal History & Characteristics
- Parental Separation & Divorce
- The Poor Family Environment During Adolescence
- Neurodevelopmental Disorder – Attention Deficit/Hyperactivity Disorder – *Inattentive Subtype*¹
- His Acceptance of Responsibility
- Treatment Considerations & Possibility of Rehabilitation

Personal History & Background of Erik Hanson

Erik Hanson was born in Indianapolis, Indiana on July 15, 1992. He is 31 years old. His parents are *mother*, Lisa Hanson, age 60; *father*, Thomas Hanson, age 62. They are divorced. Erik Hanson was 12 years of age when they separated. Mr. Hanson is the second of four siblings. They are *sister*, Katelyn Jackson, age 33, married and employed as a speech pathologist in Texas; *sister*, Taylor Hanson, age 28, unmarried and employed as a financial consultant in Chicago; and *brother*, Connor Hanson, age 24, who is single, and employed as a field supervisor for Helix Electric in Chicago.

Erik Hanson's father remarried in the fall of Erik's senior year in high school in the year 2010. Erik Hanson maintains a good relationship with his *stepmother*, MaryBeth Braun, age 61.

Erik Hanson grew up in Westfield, Indiana and attended Catholic schools through high school. He graduated from high school in the year 2011 and finished his undergraduate college degree in 2016.

¹ The neurodevelopmental disorders are a group of conditions with onset in the developmental period. They are believed to be the result of disruptions to normal brain development. They typically manifest early in development, often before entering grade school and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence. ADHD is a common neurodevelopmental disorder characterized by a persistent pattern of difficulties sustaining attention and/or impulsiveness and excessive or exaggerated motor activity. See **Psychological Evaluation of March 2012 by Dr. Dennis Ray Kinder, attached as part of Exhibit A.**

When asked, Erik Hanson described his family experiences growing up, *this way*:

I lived in Westfield with my family. It was a very nice place. We were active every Sunday at Our Lady of Mt. Carmel (OLMC) until I went to college. I have a close relationship with my siblings. They are aware of my situation and have remained supportive of me.

My parents have polar opposite personalities. Some say opposites attract. While that might be true, that saying does not include what happened when they grew apart.

My first memories of realizing they might not be good for each other seem to be from when I was roughly 10. I remember lying in bed at night to go to sleep and being woken by them yelling at each other. I don't remember the reason or the content of this argument. I only remember lying awake and wishing it would stop. I don't remember how often these nighttime arguments occurred or even any specific times. However, I do remember it was more than just once leading up to their divorce. The memory of hearing arguments leading to one parent crying will always stay in my mind.

After the divorce, I will admit my parents seemed a lot more amicable. Definitely more businesslike in their communications but never hostile. After the divorce, custody was split between my parents. My mom stayed at our childhood home (where she still lives). As such, anytime we were to stay at my dad's we had to pack up what we would need for the few days we would be with him. While I know they both did as much as they could to make the situation comfortable, every time it felt like we were embarking on a short trip (regardless of the fact it was only about a mile away).

During this whole time, I remembered keeping a lot of feelings/emotions to myself. I have always had a "go with the flow" type of attitude. The last thing I wanted to do was to make a difficult situation harder by complaining. I remember my siblings going to therapy to work through difficulties during this time. I attended therapy once or twice telling my parents I didn't think I needed it.

I was 12 when my parents separated and my dad moved out to an apartment nearby in Carmel for a couple of years before getting a house. They officially divorced when I was 13. When I was 16, in 2008 my stepmother, Marybeth came into the picture and they got married two years later in the summer of 2010.

I felt closer to my mother and spent more time with her during the separation and divorce. It was probably a 60/40 split with Thursday to Sunday spent with my dad and with holidays that were split. After I turned 18 [years old] I lived entirely at my mom's house. [Emphasis added]

By Erik Hanson's account both parents held busy work schedules throughout his childhood. A good family friend, Cindy Herr, was there to provide consistent caregiving services from the time he was born through high school and both parents shared responsibility the same for all of his siblings.

Mrs. Hanson, described the home environment, *this way*:

Prior to our separation and eventual divorce, the home environment was very 'transactional.' Meaning, we had four children actively involved in school/sports and we both worked outside of the home. Tom was a yeller and I hated conflict so I typically just shut down.

He was constantly ordering the kids all while he watched TV. He parented a considerable amount from the sofa - the kids were left to fix their own meals, entertain themselves, etc. He was constantly putting kids in timeout and reprimanding them. He often called them names and put them down. Illustratively, in our preliminary hearing, my sister testified to Tom calling Taylor a "shit head." On cross examination, he was asked if he recalled the incident, to which he replied, "I didn't call her that I called her a 'piss ant.'" He saw nothing wrong with name calling or demeaning talk.

I cannot know exactly what went on while I was at work. We always had an arrangement of one went to work early and one came home from work early as we both worked for the same company with a 45 minute commute. Cindy, our babysitter, used to be so frustrated when he [Tom] picked the children up. She would say that most days before he even left her house, Tom either had one of the kids crying or told them they would be in time out when they got home. He really just never wanted to be bothered by them. Her [referring to Cindy] husband, Doug, always hated how Tom spoke to the kids. [Emphasis added]

On the day he was served with the divorce papers (July of 2005 - Erik would have been 13), I remember Tom barging in the house screaming at me and the kids. Erik was sitting on the sofa and never said a word. Tom was raging "why didn't you tell me," "your mom is leaving our family," "your mom filed for divorce," "your mom is having an affair," etc., etc., etc. He was incredibly angry and took no responsibility. I asked him to keep the kids out of it and he continued to put me down in front of them.

He filed for a continuance so our preliminary hearing was postponed until December of 2005. He refused to move out of the house but demanded I be the one who move out since I filed. I refused to leave the home without the children so we lived together, in separate rooms, until the preliminary hearing. At the preliminary hearing, the judge ordered Tom to counseling and told him had to vacate the family home 30 days after I paid him his portion of the equity in the family home. With the help of my brother, I was able to do that within the next 2 days (which angered him immensely) and therefore he was then required to move out mid-January 2006.

There was a shared custody arrangement up through the children's high school graduations. With the exception of the youngest boy, Connor, the other 3 children never spent another night at Tom's home and to this day, if they are home for a long weekend or holiday, they do not stay at Tom's home.

Erik always had a fear of getting locked in a store. I can recall two very uniquely different scenarios - one while at Target one evening when they announced the store was closing in 15 minutes and one while visiting an amusement park. He was so afraid we would be locked in.

He was in an all-male dormitory at Purdue. I do recall that his roommate situation... Erik did not have a good experience. By his wife, Meagan's account, Erik never had anyone to his dorm room and spent much time in her co-ed dorm, hanging out with high school friends. Meagan and I both recalled that his roommate, Jay, stayed up all night and was very much into looking at pornography. Erik's freshman year was very tumultuous - roommate issues, pledging a fraternity that engaged in pretty tough hazing (it was closed the 1st semester of his sophomore year), and school was difficult.

Education²

Mr. Hanson reported attending the following schools:

- 1997 – 2006 K through 8th grade, Our Lady of Mt. Carmel School
- 2007 – 06/2011 Guerin Catholic High School, Graduate, 3.81 GPA, reported ACT score 32.
- 2012 – 2016 Purdue University, West Lafayette, Indiana, Bachelor of Science Degree, Industrial Engineering, GPA 2.9

Noteworthy Accomplishments & Activities *include*:

- December 17, 2016, Diploma, Purdue University, Bachelor of Science in Industrial Engineering
- 2011 Academic All-State Team Certificate Awarded by Indiana State High School Hockey Association
- 2010/2011 Indiana Statewide Ice Hockey Mental Attitude Nick Wehring Award Winner
- 2011 Senior Year High School, Guerin Catholic High School Athletic Award Recipient, Noblesville, Indiana Mental Attitude Ice Hockey Award Winner
- 2011 Award Noblesville, Indiana Recipient/Participant in The Michael Treinen Scholarship for Academics and Leadership as Assistant Captain of Ice Hockey Team. A foundation to raise money for the families affected by Leukemia.
- August 1, 2011, Awarded Diploma of International Baccalaureate
- June 5, 2011, Diploma, St. Theodore Guerin High School with Certificate of congratulations from Indiana House of Representatives
- 2010 Guerin Catholic High School Athletic Award Recipient
- June 6, 2010, Letter confirming selection as Delegate to Hoosier Boys State and Certificate of Appreciation for Participation in Citizenship Training Program
- April 28, 2010, National Honor Society Recipient, Certificate
- 2008 Geurin Catholic High School Athletic Award Recipient
- Nominated 2010 Junior Year by Social Science History Teacher for the Hoosier Boys' State Mock Government Program, a one week program during the summer sponsored by the American Legion. Mr. Hanson said as part of the program, the participants were taught how to march and learned how legislation was introduced, how elections were held and was selected as one of 200 students in the state of Indiana (two from each high school were selected).
- Academic Scholarship from Guerin Grade School for Math and Sciences.
- Nominated for "People to People" 6th Grade and went to Washington DC for one week Leadership Program sponsored by President Ronald Reagan and mingled with mentors from around the country.
- Advanced Placement for Algebra, 8th grade.

² Records of Academic Performance, ACTs, Diplomas, Letters of Recommendation, Noteworthy Achievements & Activities, attached as Exhibit B.

- Junior and Senior Year International Baccalaureate Program, 150 hours of community service work was performed on Saturdays at the Trinity Free Clinic where he performed administrative work at the free health clinic that was operated by the Church.
- 2007 Participation in Geography Bee at Our Lady of Mount Carmel School (OLMC), Certificate
- May 2007 Mathematics League Certificate
- May 2007 Certificate of Academic Scholarship, Guerin High School
- 2007 President's Education Awards Program, Certificate
- February 2007, Science Fair Certificate, OLMC School
- 2007 Midwest Academic Talent Search, Certificate
- April 1, 2005, Mathematics League Certificate of Merit

Employment

Mr. Hanson is proficient in writing computer code and has experience with software programs such as computer aid design (CAD) and Microsoft Excel. He has an industrious work history. Following summarizes his work history:

- **2008 – 2021** Bera Slide Golf Club; worked on carts, cleaned/general labor on weekends and during the summers during high school and during college in the Pro shop, setting up tee times, supervising outside workers and managing the register in the pro shop.
- **2012/2013** Summer Internship at Delphi in Kokomo as a Systems Engineering Intern; testing car radio software.
- **May 2014 and July 2015** Indiana Mills & Manufacturing Corporation, Industrial Engineering (IMMIE) a paid Internship to reorganize floor layout for manufacturing of parts to operate space and manufacturing flow, Westfield, Indiana
- **2016** Summer Courses at Purdue Indiana University Purdue University Indianapolis (IUPUI) Courses: Thermodynamics and 1 year Circuit Analysis
- **2017** Industrial Engineering Internship, Indiana Mills & Manufacturing, Inc., Westfield, Indiana
- **December 2017** Intern at Workplace Design for Ergonomics
- **January 2018 - April 2020**, Indiana Mills & Manufacturing, Inc. full-time salary employee,
 - Position Manufacturing Systems Engineer, software coding for floor manufacturing.
- **2018** Assigned to a Global Training Project *for one week every six weeks for one year* in Mexico using Ignition by Inductive Automation Software designed for use on a manufacturing floor.

- **May 2020 – April 2022** Beckman Coulter Life Sciences, Sr. Mechanical Engineer, full-time salary employee, Indianapolis, Indiana, value added engineering to reduce costs of manufacturing of lab equipment.

Physical & Mental Health

Mr. Hanson dislocated his shoulder playing hockey twice: once at age 15 and, again at age 17, both requiring surgical intervention. He has a history of high blood pressure requiring medication. Mr. Hanson had a concussion 02/14/2012 from falling on the ice during his first year at Purdue. Mrs. Hanson recalled she took him to St. Vincent Hospital for evaluation and he was treated in the emergency room. She said she asked Erik to see someone professionally for the transition to college issues he was describing and he immediately agreed.

Mr. Hanson was diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) – *Inattentive Subtype* at age 19 after he reported symptoms of anxiety, depression and difficulties with attention and concentration at college. When asked to describe this *he said*,

I could breeze through high school with good grades without paying attention but in college where I had to keep a schedule and turn in assignments, I was having some difficulties keeping up. After being diagnosed, I worked with Dr. Parker at the Children's Resource Group, his office was on the north side of Indianapolis. I went there once a month for about one year in 2012. He used a cognitive behavioral approach in the counseling and it was helpful.

The concerns of his depression and anxiety led to treatment with Dr. Ray Kinder and later with Dr. George Parker. Erik Hanson was prescribed Concerta for ADHD once a day, to address the symptoms he was having at the time. Mr. Hanson said he stopped taking the medication when he was 27 years old because of side effects he was having at the time.

Beck Depression Inventory (BDI-II)

The *Beck Depression Inventory* was administered June 5, 2023, during Dr. Kathleen Schaefer's interview with Mr. Hanson at the Clinton County Jail.³ Mr. Hanson's total score of 17 revealed he has borderline clinical depression.

Marital History

Mr. Hanson is married and the father of a one year old daughter, [REDACTED]. [REDACTED] Mr. Hanson married Meagan (nee Schneider) Hanson on October 23, 2020. Ms. Hanson is 31 years old and lives in Westfield, Indiana. When asked about the relationship with his

³ The Beck Depression Inventory (BDI-II) is one of the most widely used instruments for measuring the severity of depression in persons 13 years of age and older. The 21-item self-report inventory takes approximately 5 to 10 minutes for clients to complete. The content of items reflects the diagnostic criteria for depression in the DSM-5 (American Psychological Association (APA), 2013). A score can range from 0 to 63, where scores from 0 to 13 represent minimal depression, from 14 to 19 indicate mild depression, from 20 to 28 represent moderate depression, and from 29 to 63 indicate severe depression. (Drummond, Sheperis, & Jones, 2016, pp. 313).

wife, Mr. Hanson said he and his wife had been friends in high school and started dating in college in January of the year, 2016 as both were finishing their senior year.

Erik Hanson reported his daughter was diagnosed with *respiratory syncytial virus* (RSV).⁴ He said he has regular contact with his wife via phone calls and text messages and that she has remained supportive.

When asked, *Lisa Hanson, Erik's mother said,*

Meagan is employed outside the home. She is a NICU nurse at St. Vincent Hospital. Her full-time salary before bonus or shift premiums is \$65,000. However, Meagan will drop down to part-time effective the 1st of July so that she can complete her clinical hours for a nurse practitioner program for the school year August 2023 through August 2024. At present, Meaghan is receiving support as follows:

\$2500 a month from Erik's maternal aunts and uncles, Jeff and Lisa Jung, Karen Jung, Scott and Odile Jung; this is earmarked for mortgage, utilities, and Erik's student loans and \$1900 per month from her parents to cover the childcare expenses.

Substance Abuse

Erik Hanson reported he began using marijuana at age 16 approximately once a month, and then discontinued using it at age 20 because he didn't like it. He said he first used alcohol at age 14/15 with high school peers, approximately once a month and occasionally drank to the point of intoxication and blackouts while in college. He reported modifying his drinking habits after college and that prior to arrest he drank once a week with dinner consuming one or two drinks. When asked if he thought alcohol had a role in the offending conduct Mr. Hanson said he did not drink prior to or during the offenses.

Research & Summary of Relevant Psychological Findings⁵

Risk factors in the context of sentencing mitigation include any genetic predispositions, events, circumstances, or vulnerabilities that are present in the individual's life that prevent the healthy and adequate development of moral reasoning skills. While researchers agree that there is no singular risk factor that can identify who is or is not likely to engage in criminal behavior, they agree that the effect of risk factors is cumulative. In essence, the greater the number of risk factors, the higher the likelihood that an individual will commit a criminal act.

Risk factors are events, experiences, and forms of treatment that are harmful in some way and can *adversely affect a person's life course, path, or trajectory*. They are malleable and open to rehabilitation. Exposure to risk factors early in life can lead to –place people “at risk of” –a range of negative outcomes later on. Risk factors operate to increase the likelihood of negative life outcomes, including delinquency and adult criminality.

⁴ Respiratory syncytial virus (RSV) is a virus that causes infections in the respiratory tract.

⁵ Relevant Research has been referenced in the foot notes and are available upon request.

Many scholars define the term “*risk factor*” as any influence that increases the probability of the onset and maintenance of problem behavior. Borrowing from the medical model of identifying factors that seemed to increase the probability of a disease, this conceptual framework was also used with regard to recognizing factors that prevent the adequate development of moral reasoning skills, diminish moral culpability, and correlate with delinquency.

Following is a summary of the *unique* challenges and *stressors* most apparent in Mr. Hanson’s lifespan *that equate to risk factors* he has experienced in his life. These include, *in brief*:

- Parental Separation & Divorce
- Poor Family Environment During Adolescence
- Neurodevelopmental Disorder (ADHD) – Inattentive Subtype

Parental Separation/Divorce & Poor Family Environment During Adolescence

Mr. Hanson said he was 10 years old when he remembered lying in bed and being awakened by his parents yelling at each other and wishing it would stop. He said, “the memories of hearing arguments leading to one parent crying will always stay in my mind.”

His older sister Katelyn described the family environment and reported witnessing incidents of *spurning and maltreatment* that were present, *in this way*:

It was not often with me but from age 10 – 15 with Erik. my dad would flick his fingers on Erik’s occipital bone. Erik was struggling in school and he was hard on him. It was an intimidating environment. My dad was parenting the way his dad did to him. He would agree he ruled with intimidation; he parented from the couch with yelling and slapping on the top of the head. It was motivation by fear and punishment. We came from a strict Catholic home. I often wondered if these experiences and upbringing are why I struggle with intimacy.

Erik had significant anxiety. He was always dialed up and on defense all the time. He was hiding a secret plight. There was that fear and intimidation with my dad and the internet was an outlet for his anxiety. The family computer was moved to the loft, it was a bedroom and Erik had access to it at a young age.

The consequences of a poor family environment can be profound and may endure long after psychological abuse and maltreatment occurs.

Research Findings Include:

- Psychological or emotional maltreatment of children may be the most challenging and prevalent form of child abuse and neglect. Caregiver behaviors including acts of omission (ignoring need for social interactions) or commission (spurning, terrorizing); may be verbal or nonverbal, active, or passive, and with or without intent to harm; and *negatively affect the child’s cognitive, social, emotional, and/or physical development*. Psychological maltreatment has been linked with disorders of attachment, developmental and educational

problems, socialization problems, disruptive behavior, and *later psychopathology*. (Miller-Perrin, C. L., & Perrin, R. D. 2013).⁶

- Although no single cause for sexual offending has been found, research suggests that a combination of factors likely contribute to sexual offending behavior. Adverse conditions in an individual's early development can lead to poor attachment to others, and these conditions can contribute to the development of sexual offending. (U.S. Dept. of Justice, 2015)⁷
- Research suggests that there is a relationship between poor-quality attachments and sexual offending. (U.S. Dept. of Justice)⁸
- Although Kafka (2014) has reported that the cause of sexual addiction⁹ is unknown, every researcher and writing on the topic suggests it is usually *the result of childhood maltreatment and insecure attachments (anxious and avoidant) to caregivers* (Alderson, K. G., 2020)¹⁰
- Carnes (1991) also found that two thirds of sex addicts were parented in families that were rigid and disengaged.¹¹
- In Carnes's (1991) research with 1000 sex addicts, he found that 97% had experienced emotional abuse, 72% were victims of physical abuse, and 81% had been sexually abused.
- Although our understanding of the causes and origins of sexually abusive behavior is rudimentary, research clearly shows that sexual abuse is a learned behavior and that negative or adverse conditions in early development may be contributing factors. In

⁶ Hibbard, Barlow & MacMillan, 2012 & Committee on Child Abuse and Neglect and American Academy of Child and Adolescent Psychiatry, Child Maltreatment and Violence Committee, 2012 In Miller-Perrin, C. L., & Perrin, R. D. 2013. *Childhood Maltreatment*, (3rd ed.). Sage Publication, Inc.

⁷ U.S. Department of Justice, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking, Sex Offender Management Assessment and Planning Initiative (SOMAPI) Research Brief, July 2015.

⁸ U.S. Department of Justice, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking, Sex Offender Management Assessment and Planning Initiative (SOMAPI) Research Brief, July 2015.

⁹ The term sexual addiction is defined as "a disorder characterized by compulsive sexual behavior [including obsessive behavior thoughts, fantasies, and urges] that result in tolerance, escalation, withdrawal and loss of volition control despite negative consequences (Riemersma & Sytsma, 2013, p. 308).

¹⁰ Jore, J., Green B., Adams, K., & Carnes, P., 2016; Riemersma J., & Sytsma, M. 2013; Rosenberg, K. P., O'Connor, S., & Carnes, P. 2014. In K. G. Alderson, 2020. *Addictions Counseling Today: Substances and addictive behaviors, Sex Addiction*, Ch. 16, pp. 487-500. Sage Publications Inc.

¹¹ Carnes, P. (1991). *Don't call it love: Recovery from sexual addiction*. Compcare.

addition, many sex offenders engage in thinking errors to rationalize and maintain sexually abusive behavior, and many have problems with self-regulation and impulse control.(USDOJ, SMART, May 2017) ¹²

Neurodevelopmental Disorder - Attention Deficit/Hyperactivity Disorder (ADHD)

Erik Hanson was diagnosed with Attention Deficit Hyperactivity Disorder – *Inattentive Subtype*.¹³ The essential feature of attention-deficit/hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. ADHD begins in childhood.

Research Findings Include:

- Attention deficit hyperactivity disorder is often associated with taking sexual risks, particularly cybersex,¹⁴ which may indicate an increased propensity to become sexually addicted (Rosenberg, Carnes, & O'Connor, 2014).¹⁵
- Sex addiction has also been associated with affect dysregulation, impulsivity, loneliness, low self-worth (Rosenberg, O'Connor, Carnes, 2014), attention deficit disorder, sexual dysfunction, medical problems and posttraumatic stress disorder (Delmonico & Griffin, 2013). ¹⁶
- Sexual addiction is primarily about lack of control (Bancroft, 2013). The term is defined “as a disorder characterized by compulsive sexual behavior [including obsessive thoughts, fantasies, and urges] that results in tolerance, escalation, withdrawal, and a loss of volitional control despite negative consequences (Riemersma & Sytsma, 2013, p. 308).
- Sexual addiction generally begins in adolescence, and most presenting for treatment will have experienced several outlets for their hypersexuality over their lifetime (Kafta, 2014).¹⁷

¹² U.S. Department of Justice, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking, (SMART) Fact Sheet, May 2017).

¹³ **Psychological Evaluation of 2012 by Dr. Dennis Ray Kinder, Ph.D. Psychologist, attached as part of Exhibit A**

¹⁴ Also referred to as Internet Sex Addiction.

¹⁵ Rosenberg, K. P., Carnes, P., & O'Connor, S. (2014). Evaluation and treatment of sex addiction. *Journal of Sex & Marital Therapy*, 40(2), 77-91. Note: Cybersex Addiction is also referred to as Internet Sex Addiction.

¹⁶ Delmonico, D. L., & Griffin, E. J. (2015). Sexual compulsivity; Diagnosis, assessment , and treatment. In K.M. Hertlein, G. R. Weeks, & N. Gambescia, Nancy (Eds.), *Systemic sex therapy* (2nd ed., pp. 235-254), New York, NY: Routledge/Taylor & Francis.

¹⁷ Kafta, M. P. (2014). Nonparaphilic hypersexuality disorders. In Y.M. Binik & K. S. K. Hall (Eds), *Principles and practice of sex therapy* (5th ed., pp. 280-304). New York, NY: Guilford Press.

Some of the common outlets include excessive masturbation, pornography use, and cybersex. (Weinstein, 2014). ¹⁸

- Individuals addicted to sex (IAS) are typically the most secretive of individuals with addiction, largely due to their shame and guilt regarding their behavior (Griffin-Shelley, 1939b).¹⁹ Many can keep their addiction secretive for years.
- The fantasy created by sex addiction is thought to satisfy deep emotional and spiritual belonging. The individual addicted to sex (IAS) believes that sex will fulfill their need for love and belonging (Laaser, 2004). ²⁰
- Beveridge (2015) stated that young people seeking counseling for sex addiction might not have experienced childhood abuse. Rather, it may have developed opportunistically as a result of availability to extreme and sometimes shocking material. Rapid-onset sexual addiction has occurred in consequence of the ease of exposure to sexual imagery via Internet technology (Riemersma & Sytsma, 2013). ²¹
- Researchers suggested the internet may facilitate cybersex addiction because it can be intoxicating, isolation, integral, inexpensive, imposing, and interactive (Jiang et al. 2013), p. 814). It also provides anonymous, convenient, and accessible experiences for users (Crossan, 2014) ²²

¹⁸ Weinstein, A. (2014). *Sexual addiction or hypersexual disorder: Clinical implications for assessment and treatment. Directions in Psychiatry*, 34(3), 185-195.

¹⁹ Griffin-Shelley, E. (1995). Adolescent sex and relationship addicts. *Sexual Addiction & Compulsivity*, 2(2), 112-127.

²⁰ Laaser, M. R. (2004). *Healing the wounds of sexual addiction*. Grand Rapids, MI: Zondervan.

²¹ Riemersma, J., & Sytsma, M. (2013). A new generation of sexual addiction. *Sexual Addiction Compulsivity*, 20(4), pp. 306-322.

²² Crossan, C. (2014). Technology, attachment, and sexual addiction. In R. Gill (ed.), *Addiction from an attachment perspective: Do broken bonds and early trauma lead to addictive behaviors?* (pp. 362-376). Wiley-Blackwell.

According to "Independent Psychiatric Evaluation" Report of June 17, 2022,²³ by George F. Parker, M.D., the diagnostic impressions for Erik Hanson *are* pedophilic disorder,²⁴ nonexclusive type, sexually attracted to females and fetishistic disorder.²⁵ *Dr. George F. Parker wrote,*

The diagnosis of pedophilic disorder is based on Mr. Hanson's long history of sexual arousal in response to pornographic images, of female children. He discovered this attraction when he was about 12 years old. Based on his report, Mr. Hanson's pedophilia has been limited to use of child pornography as a stimulus for masturbation, and he had never made physical contact with a female child. As noted above, he found his sexual attraction to female children to be dysphoric ²⁶ and he had struggled to control this attraction prior to his arrest, with limited success.

The diagnosis of fetishistic disorder is based on Mr. Hanson's report of longstanding sexual interest in images of woman and girls wearing tennis shoes.

RECOMMENDATIONS: Based on Mr. Hanson's presentation during my interview, he appeared to be a good candidate for participation in a sex offender management and monitoring program, particularly one which uses a group therapy approach and cognitive-behavioral therapy techniques to enable offenders to identify, and then modify, the decision-making process that leads to inappropriate sexual behavior. During my interview, Mr. Hanson described his use of child pornography as a stimulus for masturbation as dysphoric to him, and he expressed frustration with his lack of success in controlling his inappropriate sexual attraction to female children. He was interested in learning strategies that would help him manage this sexual attraction. The structured approach provided by a formal treatment program using cognitive behavioral techniques would appear to be well suited to his personality as an engineer.

The Seriousness of the Offense

Erik Hanson has been in custody since April 22, 2022, and plainly understands the seriousness of the offenses. He understands he is facing a mandatory minimum custodial sentence of 15 years up

²³ **Psychiatric evaluation report of June 17, 2022, by Psychiatrist George F. Parker, MD, included as part of Exhibit A**

²⁴ Pedophilic disorder is diagnosed when an adult has recurrent intense sexual urges or fantasies about sexual activity with a prepubertal child; acting on these desires is not necessary for the diagnosis if they cause the pedophilic distress.

²⁵ Recurring intense sexually arousing fantasies, urges, and behaviors involving the use of some inanimate object or part of the body not typically found erotic (e.g., feet) to obtain sexual gratification. In the context of consensual relationships, fetishism does not normally interfere with the rights of others. Some paraphilic men are so ashamed of their desires that they cannot bring themselves to ask partners. People with fetishes often try very hard to keep them concealed (Hooley, et al., 2017, *Abnormal Psychology*, Ch.12, p. 451.

²⁶ A feeling of uneasiness, discomfort, anxiety or anguish. A disagreeable mood such as sadness or anxiety. (Colman, A. M. (2015). *Dictionary of Psychology*, Oxford Press.

to 30 years on Count 1 and a mandatory minimum custodial sentence of 5 years on Count 2 with the Court's discretion as to consecutive terms.

Psychosocial impacts including loss of relationships, financial losses, guilt from hurting others, loss of productivity/creativity, career/job loss, loss of integrity including compromising personal values, and loss of self-esteem are common in these addictions.

Acceptance of Responsibility and Insights

Mr. Hanson pled guilty and has accepted responsibility for his offenses. He did not blame others or attempt to minimize his criminal conduct.

Community Service Work

Mr. Hanson has a noteworthy record of community service activities. When asked about his experiences *Mr. Hanson wrote*:

Community Service has always been important in my life. Going to Catholic Grade School & High school, service hours were always required due to the requirement, the desire to give back to the community was ingrained in me from an early age.

One of the places I volunteered most consistently was the Trinity Free Clinic associated with Our Lady of Mr. Carmel Catholic Parish located in Carmel, Indiana. The clinic offered a range of medical services to the under privileged members of the community when I was 17 and 18. I volunteered on Saturday mornings. While the most help I could offer was administrative, it still made an impact on me.

For one, it opened my eyes to how many people need help, especially with medical services. While I grew up comfortably in a nice suburb, I realized not everyone had the same opportunities (even being from the same town/area). Furthermore, of the people there, the services were often needed due to situations outside of their control. At the end of the day, good healthcare is a very basic necessity and should be available to everyone regardless of their socioeconomic status.

Some of the community services involved organizing pantry shelves at the battered women's shelter and doing yard work and engaging in team building/volunteerism promoted through the hockey team during my sophomore year in 2008. [Emphasis added]

Treatment Considerations & Possibility of Rehabilitation

Psychotherapy, specifically cognitive behavioral therapy (CBT) is the most widely used therapy for cybersex addiction. Psychotherapy is used to help manage the symptoms for both immediate intervention and long term management interventions to reduce online sexual activity. Individuals addicted to sex should understand their thoughts and feelings associated with sexuality and try to identify those aspects to treat the problem with insight that leads to new behaviors. A trauma-focused approach with an emphasis on attachment work is recommended based on the high percentage of individuals with sex addictions that have been emotionally, physically or sexually abused and the repeated findings in the research that sex addiction is correlated with having an insecure attachment style. Long-term management requires self-reflection and increases awareness

of the person's underlying problems that access the internet, such as depression, anxiety, other addictions, or obsessive compulsive disorder.

First steps in treatment include listing behaviors that are problematic, embarrassing and painful, exploring events or thoughts that caused the criminal behaviors related to cybersex and giving positive rewards for maintaining abstinence and holding back from problematic activities.

Emerging in the literature is the call for early detection of people at risk of sex offending and cybersex addiction to prevent or reduce the negative impacts. This should be applied to adolescents and young adults with emotional problems, daily stress, poor parenting, interpersonal problems, and/or sexual addiction.

Goals in treatment should include changes in behaviors, such as regulation of emotions, cognitions, or situational factors that may trigger addictive behavior and overcome the underlying problem more adaptively. Psychotherapy should involve the individual's support system. Sex offenders with internet sex addiction are likely left by those people closest to them who are their source of mental support. By improving relationships, mental support can be achieved so that it can improve treatment outcomes.

Conclusion

The extent to which a mitigation report may be of value to a sentencer varies across the risk factors referenced above; and how best to weigh and combine the factors in sentencing a given individual is of a legal, rather than psychological question. We considered the factors from a psychological perspective, taking into account from research on, for example, the impact of a poor family environment, and psychological maltreatment during adolescence on development into adulthood. An accumulation of adverse experiences in childhood has been shown among other outcomes to impair the development of prosocial attitudes.

Based on his statements, Mr. Hanson now understands that he has an opportunity to work on the personal issues connected with his criminal conduct. We trust that the Court will appreciate Erik Hanson's exposures illuminated above and its impact on the trajectory of his life path and the behavioral outcomes into his adulthood.²⁷

There does appear to be the potential for rehabilitation. Mr. Hanson is not blaming others for his criminality and he is expressing genuine remorse. He now recognizes the criminal addictive sexual behaviors and the harms. He understands the benefits of both individual psychotherapy and group therapy using cognitive behavioral therapeutic (CBT) interventions to address his identified risk


²⁷ More resilient youths with multiple risk factors may never commit delinquent or violent acts. Some children are more resilient and better able than others to adapt successfully to even very difficult circumstances. On the other hand, if resiliency is low, and in absence of protective factors there is increased probability of later offending. **[Note that protective factors are clearly present in Mr. Hanson's case to reinforce likely positive adjustment and positive treatment outcomes]** U.S Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. [Emphasis Added]

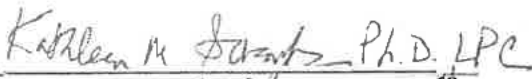
and needs and appears motivated to engage in such treatments. By history, he appears to recognize the value of charitable services and good work. He is accepting responsibility for past failures. He does not have a prior record. He has the capacity to obtain meaningful work. There appears to be the presence of a strong support system and protective factors to reinforce a successful treatment outcome.²⁸

Dr. Schaefer who is a former prison counselor (1976 to 1978) probation officer (1978 to 1996); corrections supervisor/manager (1992 to 2002) with three decades in the management and supervision of adult felony offenders and, currently, as a licensed mental health professional, and researcher focusing on crime, sentencing and rehabilitation; she hopes the Court will weigh the factors Mr. Hanson was struggling with as an adolescent and as an adult.

It is our sincere hope that this report will assist the Court in determining a sentence which is "sufficient but not greater than necessary" for Erik Hanson.

Respectfully submitted,

By: 
James H. Voyles # 631-49
Attorney for Erik Hanson

By:  Ph.D. LPC
Kathleen M. Schaefer, Ph.D., LPC²⁹
Licensed Professional Counselor

Gerald H. Smith, U.S. Probation Officer
Cc: Kyle W. Sawa, Assistant United States Attorney

²⁸ Letters of Support, attached as Exhibit C

²⁹ Resume for Dr. Kathleen Schaefer, attached as Exhibit D